



Dear Licensed Athletic Trainer:

Enclosed is the application for renewing your Nevada State Athletic Training License. Please carefully read all the directions and submit the completed form and the documents requested along with the renewal fee to the address on the application. Your letter must be postmarked on or before June 30, 2006.

Failure to complete the application, submit the fees or postmark the letter on or before June 30, 2006 will result in a delay of your license renewal. Please keep in mind that practicing as an Athletic Trainer or holding yourself out to the public as an Athletic Trainer without a valid Nevada Athletic Training license places you in violation of NRS640.B.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve McCauley", with a large, sweeping loop at the end.

Steve McCauley LAT, ATC, CSCS
Chairman, Nevada State Board of Athletic Trainers



Remit payment and application to:

Nevada State Board of Athletic Trainers

P.O. Box 34296

Reno, NV 89533-4296

775-787-2636

<http://nevadaathletictrainers.nv.gov>

email: atrainner@nsbat.nv.gov

State of Nevada Athletic Trainer License Renewal Form – Fee \$150.

Renewal for the period July 1, 2006 – June 30, 2007

Please print or type answers to all questions and sign the renewal form.

(Your application will not be processed unless all requested information is provided.)

YOUR NAME AND HOME ADDRESS	YOUR WORK ADDRESS INFORMATION
Name: _____	Facility Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

*Please note which address you wish to use as your mailing address: _____Home _____Work

Social Security Number

NSBAT License Number

1. Since your last application or renewal, have you been charged, arrested or convicted of a felony or gross misdemeanor? Yes ☐ No ☐
2. Since your last application or renewal have you had a professional license placed on probationary status, restricted, suspended or revoked? Yes ☐ No ☐
3. Since your last application or renewal have you been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of athletic training? Yes ☐ No ☐
4. Since your last application or renewal have you received a fine, administrative ticket, citation, demerit, reprimand or any adverse or punitive action from any regulatory agency? Yes ☐ No ☐
5. Since your last application or renewal have you surrendered a professional license? Yes ☐ No ☐
6. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? Yes ☐ No ☐
7. Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? Yes ☐ No ☐

If yes to #6 or #7, please answer the next questions:

8. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Yes ☐ No ☐
9. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? Yes ☐ No ☐

**If your answer is yes to any of the above questions, please attach a signed statement of explanation. Copies of any documents that identify the circumstances or contain an order, agreement, or other disposition may be required.*

CHILD SUPPORT INFORMATION

Professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the person holding the license. Any license by the Nevada State Board of Athletic Trainers is subject to this requirement mandated by the federal government of all states including Nevada.

Please mark the appropriate response

(failure to mark one of the three will result in denial of the application)

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature

Date